



Sworn Applicant

State of Nevada **Personal History Statement**

Applying Position _____

PERSONAL	
NAME: [Last, First Middle]	DATE OF BIRTH:
OTHER NAMES YOU HAVE BEEN KNOWN BY: [Nicknames, Maiden names]	SOCIAL SECURITY NUMBER: [Disclosure is voluntary, used for identification purposes]
PLACE OF BIRTH: [City and State]	SCARS-MARKS-TATTOOS: [Identification purpose]
HEIGHT AND WEIGHT: [Identification purpose]	HAIR COLOR AND EYE COLOR: [Identification purpose]
ADDRESSES	
HOME ADDRESS: [Personal residence] CITY STATE ZIP	MAILING ADDRESS: [P.O. Box if applicable] CITY STATE ZIP
PHONE NUMBERS	
HOME PHONE:	WORK/MESSAGE PHONE: [cell phone, pager]
CURRENT MARITAL STATUS	SPOUSE NAME
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Name: Address: Telephone Number: Occupation (phone/address):
FORMER SPOUSE(S)	
Name: Address: Phone Number:	Name: Address: Phone Number:
Name: Address: Phone Number:	Name: Address: Phone Number:

LIST ALL OF YOUR CHILDREN [Including stepchildren and adopted]

NAME:	AGE:	ADDRESS:

FAMILY HISTORY

FATHER:	ADDRESS:	TELEPHONE: OCCUPATION:
MOTHER:	ADDRESS:	TELEPHONE: OCCUPATION:
FATHER-IN-LAW:	ADDRESS:	TELEPHONE: OCCUPATION:
MOTHER-IN-LAW:	ADDRESS:	TELEPHONE: OCCUPATION:
STEP-FATHER:	ADDRESS:	TELEPHONE: OCCUPATION:
STEP-MOTHER:	ADDRESS:	TELEPHONE: OCCUPATION:
BROTHER OR SISTER: [Include step-brothers and sisters] 1.	ADDRESS:	TELEPHONE: OCCUPATION:
2.	ADDRESS:	TELEPHONE: OCCUPATION:
3.	ADDRESS:	TELEPHONE: OCCUPATION:
4.	ADDRESS:	TELEPHONE: OCCUPATION:
5.	ADDRESS:	TELEPHONE: OCCUPATION:
6.	ADDRESS:	TELEPHONE: OCCUPATION:

PERSONAL REFERENCES [Please list 5 references who are not relatives]

NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:

RESIDENCE(S) AND CO-HABITANT(S) [List all residences for the last 10 years]

ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:

ASSOCIATION WITH PERSONS CONVICTED/CHARGED WITH CRIMES THAT ARE CATEGORIZED AS A FELONY

List any **family members, friends and acquaintances** that you know to be a **felon, ex-felon or involved in any criminal activity**.

NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:

EDUCATION [College, Technical, and High School]

HIGH SCHOOL NAME:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
TECHNICAL SCHOOL:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
OTHER:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:

☐ I possess a **4-year** college degree [must attach certified copy] Major/Name of School: _____

☐ I possess a **2-year** college degree [must attach certified copy] Major/Name of School: _____

☐ I possess a Masters degree [must attach certified copy] Major/Name of School: _____

☐ I possess/possessed a **P.O.S.T. Certificate** [must attach a copy] If so:

What state: _____ Date issued: _____ Category: _____

Status: ☐ Active or ☐ Inactive

☐ Other professional training certificate(s): Type: _____ Issued by: _____ Date issued: _____

Have you ever been suspended from a high school or post-secondary school (after high school)? ☐ YES ☐ NO If yes, please provide details of any incidents: _____

MILITARY EXPERIENCE

Selective Service Number: _____ *(18 to 26 year old males must register, per the U.S. Selective Service)
Date and address at time of registration: _____

Have you ever served in the **Armed Forces, National Guard or Military Reserves**? ☐ YES ☐ NO
[*If yes, please answer the information listed below]

Branch of Service: _____ Service Number: _____
Dates of active duty service: _____ Requirement dates after active duty: _____
Type of Discharge: ☐ Honorable ☐ General ☐ Medical ☐ Less than honorable *(**Must provide a DD-214**)

Did you ever receive any judicial or non-judicial discipline while in the military? ☐ YES ☐ NO
*If yes, please explain in detail of any and all incidents: _____

EMPLOYMENT

*Beginning with your most current employment, list all jobs you have held in the past 10 years. **Part-time, volunteer and temporary work should also be included. Periods of unemployment must also be identified.**

[CURRENT EMPLOYER]

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER [current]:
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

May we contact your present employer during the course of the background investigation? ☐YES ☐NO

*If no, when should contact be made? _____

Have you ever been **fired** or **asked to resign** from any place of employment? ☐YES ☐NO

* If yes, please give details to include when, name of employer and why? _____

Have you ever received any **documented reprimands** or **write-ups** from an employer? ☐YES ☐NO

* If yes, please list when, circumstances and employer [if additional space is required please attach to this application]

IF APPLYING FOR A POSITION IN LAW ENFORCEMENT, PLEASE LIST ALL LAW ENFORCEMENT AGENCIES YOU HAVE APPLIED TO AND HAVE BEEN A SUCCESSFUL OR UNSUCCESSFUL CANDIDATE.

*If you **have never** applied to a law enforcement agency please check this box: ☐NO

AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
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AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:

LEGAL

If you have **ever** been **arrested**, **taken into physical custody** or **convicted of any crime**, please indicate this below in the boxes provided. **Exclude traffic citations.**

DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSITION:
DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSITION:
DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSITION:

Have you been placed on court probation as an adult? ☐Yes☐No If yes, list all details:

Have you ever been involved as a plaintiff or defendant in a civil court action? ☐YES ☐NO

*If yes, please give details to include date, name of court and circumstances: _____

Have you ever been served a Temporary Restraining Order? ☐YES ☐NO

If yes, please give details: _____

MOTOR VEHICLE OPERATION

DRIVER'S LICENSE INFORMATION

An investigation of all applicants who have applied for a position with this agency will have a records check conducted regarding their driving history. Please supply the following information:

CURRENT DRIVER'S LICENSE NUMBER AND STATE:

NAME UNDER WHICH LICENSE WAS ISSUED:

Please list other states in which you have been licensed to operate a motor vehicle.

DRIVER'S LICENSE NUMBER AND STATE:

NAME UNDER WHICH LICENSE WAS ISSUED:

DRIVER'S LICENSE NUMBER AND STATE:

NAME UNDER WHICH LICENSE WAS ISSUED:

DRIVER'S LICENSE NUMBER AND STATE:

NAME UNDER WHICH LICENSE WAS ISSUED:

Please list all vehicles registered to you and/or your spouse.

YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER [VIN]:
YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER [VIN]:
YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER [VIN]:

Have you ever been refused a driver's license by any state? ☐YES ☐NO *If yes, please explain: _____

Has your driver's license ever been suspended or revoked or placed in a negligent operator's probation or restriction? ☐YES ☐NO

*If yes, please explain: _____

Nevada law requires [NRS 485.185] that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. Therefore, please list the current liability insurance coverage that you have on your motor vehicle(s).

COMPANY:	ADDRESS:	POLICY #:	EXPIRATION DATE:
COMPANY:	ADDRESS:	POLICY #:	EXPIRATION DATE:

Have you ever been refused auto insurance for any reason other than failure to pay a premium? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please give details including company name, date and reason: _____ _____ _____

Please list all **traffic citations** you have received as an adult [after the age of 18].

NATURE OF VIOLATION:	LOCATION/AGENCY NAME [CITY]:	DATE:	DISPOSITION [FINE, COURT]:
NATURE OF VIOLATION:	LOCATION/AGENCY NAME [CITY]:	DATE:	DISPOSITION [FINE, COURT]:
NATURE OF VIOLATION:	LOCATION/AGENCY NAME [CITY]:	DATE:	DISPOSITION [FINE, COURT]:
NATURE OF VIOLATION:	LOCATION/AGENCY NAME [CITY]:	DATE:	DISPOSITION [FINE, COURT]:
NATURE OF VIOLATION:	LOCATION/AGENCY NAME [CITY]:	DATE:	DISPOSITION [FINE, COURT]:
NATURE OF VIOLATION:	LOCATION/AGENCY NAME [CITY]:	DATE:	DISPOSITION [FINE, COURT]:

Please list all **motor vehicle accidents** in which you have been involved as a driver that occurred within the last ten years.

DATE:	LOCATION [CITY]:	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION [CITY]:	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE:	LOCATION [CITY]:	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION [CITY]:	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL			
<u>CURRENT MONTHLY INCOME</u>		<u>CURRENT MONTHLY EXPENDITURES</u>	
MONTHLY SALARY:	\$	RENT OR MORTGAGE:	\$
SPOUSE'S SALARY:	\$	OTHER MONTHLY PAYMENTS:	\$
OTHER INCOME: \$		MISCELLANEOUS:	\$
		COLLEGE:	\$
		AUTOMOBILE:	\$
		CREDIT CARDS:	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENDITURES	\$
<u>CURRENT ASSETS</u>		<u>CURRENT LIABILITIES</u>	
SAVINGS:	\$	MORTGAGES:	\$
CHECKING:	\$	LONG TERM LOANS:	\$
REAL ESTATE:	\$	CHARGE ACCOUNTS:	\$
STOCKS AND BONDS:	\$	OTHER LIABILITIES:	\$
AUTOMOBILES:	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

FINANCIAL INSTITUTIONS [Bank, Loan company]

INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]

FINANCIAL LIABILITIES [Charge accounts, contracts]

NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:
NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:

NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:
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Have you ever filed for or **declared bankruptcy** or **filed for the Wage Earner's plan**? ☐YES ☐NO *If yes, please provide paperwork and an explanation:_____

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? ☐YES ☐NO
 *If yes, please give details and documentation regarding any collections to include when, where and why:_____

Within the last seven (7) years, have you ever had purchased goods repossessed? ☐YES ☐NO
 *If yes, please give details of the circumstances to include when, where and why:_____

Within the last seven (7) years, have your wages ever been garnished? ☐YES ☐NO
 *If yes, please give details to include when, where and why:_____

Do you currently pay child support? ☐YES ☐NO
 *If yes, please give details to include when, where and why:_____

Have you ever been delinquent on child support, income tax or other tax payments? ☐YES ☐NO
 *If yes, please give details to include when, where and why:_____

GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed firearm (CCW permit) or any other weapon?

☐YES ☐NO

*If yes, please provide the name of the Law Enforcement Agency:_____

Date granted:_____

Purpose for permit:_____

ARE YOU WILLING TO WORK ALL HOURS OF THE DAY, ALL DAYS OF THE WEEK, HOLIDAYS AND OVERTIME WHEN ASSIGNED?
☐YES ☐NO

DRUG USE QUESTIONNAIRE

Have you ever used, tried, experimented, injected, ingested or in anyway introduced into your body any illegal controlled substance? ☐YES ☐NO

TYPE OF DRUG	YES OR NO	DATE FIRST USED	DATE LAST USED	APPROX. TIMES USED
Marijuana	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hash, Hashish Oil	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Cocaine	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Crack, Rock, Ice	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Barbituates, Hypnotics, or other "Downers"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Amphetamines [Cross-tops, Whites, Bennies, "Uppers"]	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Methamphetamines [Speed, Crank]	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LSD or other Hallucinogens	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PCP [Angel dust, Sperm]	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Heroin or other opiates	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Pharmaceutical drugs not prescribed for you	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other controlled substances	<input type="checkbox"/> YES <input type="checkbox"/> NO			

- Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? ☐YES ☐NO
- Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not? ☐YES ☐NO
- Have you ever injected an illegal drug into your body? ☐YES ☐NO
- Have you ever sold or purchased any illegal drug? ☐YES ☐NO
- Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance? ☐YES ☐NO
- Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance? ☐YES ☐NO
- Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction? ☐YES ☐NO
- Have you ever told anyone where to purchase illegal drugs? ☐YES ☐NO
- Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance? ☐YES ☐NO
- Have you ever had illegal drugs in your possession while at work? ☐YES ☐NO
- Have you ever bought or sold any illegal drugs at work? ☐YES ☐NO
- Are any illegal drugs presently in your home or car? ☐YES ☐NO

If you answered "yes" to any of the above questions, please give details and circumstances on the next page of this personal history statement.

DRUG USE QUESTIONNAIRE CONTINUED

Explain any "yes" answers from page 13 (Drug Use Questionnaire) in detail below, to include when, where, what kind of drug, how taken and detailed circumstances surrounding any and all situations.

Date_____

Revised 02/2003

Please complete this page in your own handwriting.

Question: "Why do you want this job? How do you think it will benefit you and the agency?" [Limit your answers to this page only.]

[illegible]

PENALTY AND CERTIFICATION

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS. ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSIFYING, WITHHOLDING OR FAILING TO ANSWER ANY AND ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE REJECTION FROM CONSIDERATION FOR THE POSITION TO WHICH I AM APPLYING.

Signature _____

Date _____